


<b>PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b>		Docket Number	0756-7292										
<b>CERTIFICATE OF MAILING</b> I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on [date].	In re Application of <b>Hajime KIMURA</b>												
	Application Number	10/822,848	Filed April 13, 2004										
	For <b>SEMICONDUCTOR DEVICE</b>												
Group Art Unit		2629	Examiner Ke Xiao										
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$130/\$65)</td> <td style="text-align: right;">\$ 130.00</td> </tr> <tr> <td><input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) - (\$490/\$245)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$1110/\$555)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$1730/\$865)</td> <td style="text-align: right;">\$</td> </tr> <tr> <td><input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$2350/\$1175)</td> <td style="text-align: right;">\$</td> </tr> </table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is \$</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input checked="" type="checkbox"/> Payment by EFT.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 50-2280. I have enclosed a duplicate copy of this sheet.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record, or attorney or agent under 37 CFR 1.34(a) Registration number provided below if acting under 37 CFR 1.34(a).</p> <p style="margin-top: 20px;"><b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="text-align: center;"> <u>October 8, 2009</u> Date         </div> <div style="text-align: center;">  _____ Signature         </div> </div> <div style="text-align: center; margin-top: 10px;"> <u>Eric J. Robinson, Reg. No. 38,285</u> Typed or printed name         </div>				<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$130/\$65)	\$ 130.00	<input type="checkbox"/> Two month (37 CFR 1.17(a)(2)) - (\$490/\$245)	\$	<input type="checkbox"/> Three month (37 CFR 1.17(a)(3)) - (\$1110/\$555)	\$	<input type="checkbox"/> Four month (37 CFR 1.17(a)(4)) - (\$1730/\$865)	\$	<input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$2350/\$1175)	\$
<input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$130/\$65)	\$ 130.00												
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<input type="checkbox"/> Five month (37 CFR 1.17(a)(5)) - (\$2350/\$1175)	\$												
<p>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p>													

☐ Total of forms are submitted.

Burden Hour Statement: This form is estimated to take 0.1 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.